PART B - FEE(S) TRANSMITTAL

(NOV. 1:3	چ			or <u>Eax</u>	P.O Ale (57	ninssioner for Fai 9. Box 1450 xandria, Virginia 1 1)-273-2885	ents 12313-1450	
INSTRICTIONS This appropriate of the propriate of the pro	s form a ould be used to be suited and the control of the control of the control	for trans ng the I herwise	mitting the ISSI stent, advance o in Block I, by (UE PEE and PUBLIC refers and multication a) specifying a new c	of a	ON FEE (if required) usintenance fees will be pondence address; and/o	Blocks through 5 s mailed to the current ir (b) indicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for
CURRENT COARESPON	ity change of addison)	· · ·	Peet:	OA comments of mailir	g can only be used to finate cannot be used t	r domestic mailings of the or any other accompanying nt or formal drawing, must		
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	11/15/2007 SSANDA	1 0000	0048 181945	09944328		•		(Depositor's issue)
1	DA DA					(Signature) (Distr)		
APPLICATION NO.	CATION NO. FILING DATE			FIRST NAMED INVE		OR ATTORNEY DOCKET NO.		CONFIRMATION NO.
097944,328 Title of invention	08/31/2001 N: QÚANTUM CRYPTO	·		Brig Barrom Ellie BUTION NETWORK	s w	ITH UNTRUSTED SWI	***************************************	1878
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CFR 1:363). Cl Change of corress Address form PTO/S Cl "Fee Address" im PTO/SB/47; Rev 03 Number is required	orrespondence							
3. ASSIGNEE NAME /	AND RESIDENCE DAT	A TO BE	PRINTED ON	THE PATENT (print of	rlyp	e)		
PLEASE NOTE: Up recordation as set for (A) NAME OF ASS		ified bel pletion o	low, no assigned I this form is NO			tent. If an assigner is it assignment. and STATE OR COUN		ocument has been filed for
BBN Technologies Corp. Cambridge, MA								
	riste assignee category o	·,,,		·			ion or other private gre	up entity
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 5c. A check is enclosed: 7c. Publication Fee (No small emity discount permitted): 7c. Advance Order - # of Copies 7c. The Director is hereby authorized to charge the required fee(s), any deficiency, of credit any overpayment, to Deposit Account Number 18-1945 (enclose an extra copy of this form)								
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